

NEED SOME HELP

FIXING MINOR

HOME REPAIRS?



PLEASE ANSWER EVERY QUESTION, OR YOUR APPLICATION WILL BE RETURNED TO YOU

		OFFICE USE ONLY	
(1) Applicant:_____ Co-Applicant:_____		ID#_____	
(2) Address:_____ Home Phone:(_____)_____		Date App Received_____	
_____ Work Phone: (_____)_____		Area Code_____	
City State Zip Code		Census #_____	
Mailing Address		REP_____	
(3) Applicant's Social Security # _____		Co-Applicant's Social Security # _____	
(4) What is the age of the head of your household? (please list date & check only one box)		COMPUTER INPUT	
Applicant's Birth Date: ____/____/____		OPR_____	
1 [] Under 18 years 2 [] 18 to 24 years 3 [] 25 to 44 years		Input Date_____	
4 [] 45 to 59 years 5 [] 60 to 64 years 6 [] 65 or older			
(5) Yearly gross income \$ _____			
(6) If you have grant income, is it:			
1 [] Old Age Security 2 [] Aid to Totally Disabled 3 [] Aid to the Blind			
4 [] AFDC 5 [] Social Security (SSI) 6 [] Combination of Several			
(7) What is the sex of the head of your household? 1 [] Male 2 [] Female			
(8) Marital Status: 1 [] Married 2 [] Separated 3 [] Unmarried			
(9) What is the race/ethnicity of the head of your household? (please check only <u>one</u> Race box, <u>one</u> Ethnicity box & <u>one</u> Language box)			
(a) Race:			
1 [] White 4 [] Asian 7 [] Asian & White			
2 [] Black/African American 5 [] Native Hawaiian/Other Pacific Islander 8 [] Black/African American & White			
3 [] American Indian/Alaskan Native 6 [] Amer. Indian/Alaskan Native & White 9 [] Amer. Indian/Alaskan Native & Black/African Amer.			
10 [] Balance/Other			
(b) Ethnicity: [] Hispanic [] Non-Hispanic (c) Language: 1 [] English 2 [] Spanish 3 [] Other			
(10) Is the head of the household handicapped or disabled and receiving disability payments? [] Yes [] No			
(11) Are you an owner-occupant of the property to be repaired? [] Yes [] No			
1 [] Less than 1 year 2 [] 1 to 5 years 3 [] Over 5 years 4 [] Not an owner-occupant			
(12) Total number of persons in household: _____			
(13) How did you first hear of this program? (please check only one box)			
1 [] Referral from Public Housing waiting list 6 [] Radio			
2 [] Referral from another agency 7 [] Printed Pamphlet			
3 [] Friend or relative 8 [] Community Bulletin Board			
4 [] TV 9 [] At a Meeting			
5 [] Newspaper 10 [] Other (specify)_____			
(14) What year was your house built?_____ What year did you buy it?_____			
(15) Have you ever had this service before? [] Yes [] No			
TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IS CORRECT AND ACCURATE			
Applicant's Signature		Co-Applicant's Signature	
		Date	

REPAIR SERVICE PROGRAM



FOR SENIOR HOMEOWNERS

HOMEOWNERS:

Enrolled in this program will receive a **ONE TIME GRANT** in the form of **LABOR & MATERIALS** for the purpose of making minor repairs to their homes. (Unable to provide assistance with swamp coolers or air conditioners).

LEAD BASED PAINT NOTIFICATION

Effective September 15, 2000, work involving unstable Lead Based Paint or work disrupting Lead Based Paint must adhere to HUD regulations. This may involve the homeowner vacating the premises and removal of furnishings, at owner's expense, until a clearance has been obtained.

GRANTS:

Are available throughout the County of San Bernardino and all cities, **EXCLUDING THE CITIES** of Chino, Chino Hills, Fontana, Hesperia, Ontario, Rancho Cucamonga, Rialto, San Bernardino, Victorville, Upland, or the Town of Apple Valley. Upon completion send application to:

**DEPARTMENT OF COMMUNITY DEVELOPMENT AND HOUSING
290 NORTH "D" STREET, 6TH FLOOR
SAN BERNARDINO, CA 92415-0040
(909) 388-0925**

TO BE ELIGIBLE YOU MUST:

1. Be an owner occupant of a single-family dwelling or mobile home at the time of application and have lived in the property for the last 12 consecutive months or more and the **HOME IS NOT FOR SALE**; and
2. Be an individual of 60 years of age or older, or permanently disabled, or a permanently disabled member from the immediate family residing full time in the residence; and
3. Have a maximum total family income (including all members of the household and all sources of income) of no more than.

1 Person Household	\$32,200 Annual Gross Income
2 Person Household	\$36,800 Annual Gross Income
3 Person Household	\$41,400 Annual Gross Income
4 Person Household	\$46,000 Annual Gross Income



**EQUAL HOUSING
OPPORTUNITY**